



MIAMI-DADE COUNTY 2013 ANNUAL LOBBYIST REGISTRATION

Section 2-11.1(s) - Code of Miami-Dade County, Florida

Please Type or Print in Ink

Date: _____/_____/_____

Mr/Ms Last Name _____ First Name _____ Mi. _____

Business/Firm Name _____

Address _____

City _____ State _____ Zip _____

Note: It is the responsibility of the lobbyist to notify the Clerk of the Board of County Commissioners of any changes in address.

Business Phone _____ Fax _____ E-Mail _____

Please indicate if you are representing a Not-for-Profit Agency or if you are the principal of, and are only appearing as a representative of one of the following groups without special compensation or reimbursement for the appearance, whether direct, indirect or contingent, pursuant to Section 2-11.1 (s) 3(b) and 4 of the Code of Miami-Dade County (Please check applicable group):
 Certified Level 1 C.S.B.E Certified Micro Enterprise Certified Tier I Community Business Enterprise
 Corporation, Partnership or other Entity

OATH

I do solemnly swear that all facts contained on this Annual Lobbyist Registration form are true and correct; and that I have read and am familiar with the provisions contained in Section 2-11.1(s) of the Code of Miami-Dade County.

Signature of Lobbyist

State of _____, County of _____

Sworn to and subscribed before me this

_____ day of _____, 20____. By _____

who is personally known _____ or produced identification _____.

Type of Identification Produced _____

Notary Public in and for the State of _____ at Large

My commission expires:

(Notary Seal)

Deputy Clerk

PLEASE NOTE:

ON OR BEFORE JULY 1ST OF EACH YEAR, EVERY LOBBYIST MUST FILE AN EXPENDITURE STATEMENT WITH THE CLERK OF THE BOARD OF COUNTY COMMISSIONERS FOR THE PRECEDING CALENDAR YEAR, REGARDLESS OF THE LEVEL OF ACTIVITY OF THE LOBBYIST, BUT ONLY IF THE LOBBYIST HAS INCURRED EXPENSES DURING THE REPORTING PERIOD.

For Office Use Only:

Annual Registration Fee: **\$490.00 effective through 12/31/2013** Fee Paid: [] Yes [] No [] Cash [] Check # _____ [] Visa [] Master Card

Data Entry Date _____, 20____. Entered By _____ [] American Express

(Form Revision Date: 12/3/2012)

Clerk of the Board of County Commissioners, 111 NW First Street, Suite 17-202, Miami, FL 33128

Office: 305 375-5137 - Fax 305 375-2484

www.miamidade.gov/cob

Email: clerkbcc@miamidade.gov

